

Attorney Docket No.: 2257-1-001

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

NOVEL VACCINE DEVELOPMENT

the Specification of which

☒ is attached hereto

☐ was filed on _____
as Application Serial No. _____

and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified Specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any provisional application filed in the United States in accordance with 35 U.S.C. §1.119(e), or any application for patent that has been converted to a Provisional Application within one (1) year of its filing date, or any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

<u>APPLICATION</u>	<u>PRIOR FILED APPLICATION(S)</u>	<u>PRIORITY</u>
<u>NUMBER</u>	<u>COUNTRY (DAY/MONTH/YEAR FILED)</u>	<u>CLAIMED</u>
NONE		

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in any prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a), which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

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APPLICATION NO. _____ FILING DATE (DAY/MONTH/YEAR) _____ STATUS - PATENTED, PENDING, ABANDONED _____

I hereby appoint as my attorneys or agents the following persons: Jack Matalon, (Attorney, Registration No. 22,441); Stefan J. Klauber (Attorney, Registration No. 22,604); David A. Jackson (Attorney, Registration No. 26,742); Barbara L. Renda (Attorney, Registration No. 27,626); Michael D. Davis (Attorney, Registration No. 39,161); and Joseph M. Homa (Attorney, Registration No. 40,023), said attorneys or agents with full power of substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Please address all correspondence regarding this application to:

DAVID A. JACKSON, ESQ.
KLAUBER & JACKSON
411 HACKENSACK AVENUE
HACKENSACK, NEW JERSEY 07601

Direct all telephone calls to David A. Jackson at (201) 487-5800.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST OR SOLE INVENTOR: ANDREW WILLIAM HEATH

COUNTRY OF CITIZENSHIP: Great Britain

FULL RESIDENCE ADDRESS: C/O The University of Sheffield Medical School
Beech Hill Road
SHEFFIELD
S10 2RX
United Kingdom

FULL POST OFFICE ADDRESS: SAME AS ABOVE

SIGNATURE OF INVENTOR _____

DATE 13 June 1997

Patent
Attorney's Docket No. 2257-1-001

Applicant or Patentee: Andrew William Heath

Application or Patent No.: _____

Filed or Issued: _____

For: NOVEL VACCINE DEVELOPMENT

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 C.F.R. §§ 1.9(f) AND 1.27(d)) - NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION The University of SheffieldADDRESS OF ORGANIZATION Western Bank, SHEFFIELD, S10 2TN, United Kingdom

TYPE OF ORGANIZATION

- ☒ University or other institution of higher education
- ☐ Tax exempt under Internal Revenue Service Code (26 U.S.C. §§ 501(a) and 501(c)(3))
- ☐ Nonprofit scientific or educational under statute of state of The United States of America
(Name of state _____)
(Citation of statute _____)
- ☐ Would qualify as tax exempt under Internal Revenue Service Code (26 U.S.C. §§ 501(a) and 501(c)(3)) if located in The United States of America
- ☐ Would qualify as nonprofit scientific or educational under statute of The United States of America if located in The United States of America
(Name of state _____)
(Citation of statute _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 C.F.R. § 1.9(e) for purposes of paying reduced fees under Sections 41(a) and 41(b) of Title 35, United States Code, with regard to the invention entitled NOVEL VACCINE DEVELOPMENT by inventor(s) Andrew William Heath described in

- ☒ the specification filed herewith
- ☐ Application No. _____, filed _____
- ☐ Patent No. _____, issued _____

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention.

If the rights held by the above-identified nonprofit organization are not exclusive, each individual, concern, or organization having rights to the invention is listed below,* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an individual inventor under 37 C.F.R. § 1.9(c), or by any concern that would not qualify as either a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 C.F.R. § 1.27.)

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FULL NAME _____

ADDRESS _____

☐ individual ☐ small business concern ☐ nonprofit organization

FULL NAME _____

ADDRESS _____

☐ individual ☐ small business concern ☐ nonprofit organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earlier of the issue fee and any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. § 1.28(b).)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Dr Richard Anthony ExleyTITLE IN ORGANIZATION Intellectual Property & Technology Transfer ManagerADDRESS OF PERSON SIGNING Western Bank, Sheffield, S10 2TN, United KingdomSIGNATURE  DATE 12/06/97

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